

Live Well at Home

Request for Training

FOR EMPLOYEE TO COMPLETE:

EMPLOYEE NAME	
TITLE OF REQUESTED COURSE	
COURSE PROVIDER	
START DATE	
LENGTH OF COURSE	
WILL EMPLOYEE BE ABSENT FROM WORK TO ATTEND COURSE? IF SO, HOW WILL WORLOAD BE MET?	
ESTIMATED COST	

FOR DEPARTMENTAL MANAGER TO COMPLETE:

IS FUNDING AVAILABLE FOR THIS COURSE? IF SO, PLEASE GIVE DETAILS	
ACTUAL COST	

FOR FINANCE TO COMPLETE:

COMMITMENT TO REPAY SIGNED	YES/NO
AUTHORISED (PLEASE TICK)	

EMPLOYEE SIGNATURE: **DATE:**
.....

DEPT. MANAGER SIGNATURE: **DATE:**
.....

FINANCE SIGNATURE: **DATE:**
.....

Once completed please notify line manager and return to employee's file.